

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/009243** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	4					
6	4					
7		1				
8			1			
9			1			
10			1			
11			1			
12			1			
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45						
46						
47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			5			
TOTAL CLAIMS			6			

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
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58				
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96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3631

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